

**Appendix A**

**Cold Test Pit Health and Safety Plan Training  
Acknowledgment Form**



# TRAINING ATTENDANCE ROSTER

	Records Use Only		
	Date	S#	Initial
Quality Check	_____	_____	_____
TRAIN Entry	_____	_____	_____
	Class Code _____		

Page \_\_\_\_\_ of \_\_\_\_\_

Course Number	Revision	Course Title	Starting Date / Time
ER HASP 01	0	Health & Safety Plan Acknowledgement  Class title: (Place the name of the project and project # here [i.e., OU 7-10 RWMC Treatability Study])	

Remarks	Instructional Org / Vendor	Ending Date / Time
The employee's signature indicates: review of HASP, questions asked and answered, employee understands hazards involved, employee agrees to comply with the HASP, and employee training records have been verified as current for the employee's job.  _____		

Training Setting: ☐ Classroom ☐ CBT ☐ Practical ☐ Lab ☐ Self-Paced ☐ OJT ☐ Vendor ☐ Walk-Through ☐ Simulator  
☐ Conference ☐ Live-Fire Range ☐ Drill ☐ Emergency Event

Student Roster						Class Attendance Dates					Completion	
S#	Print Name (Last, First, MI)	Signature	Charge Number	Phone #	Org. #							
Instructor's S#	Instructor's Name	Instructor's Signature	Instructor initial each day's class attendance									

A-3

# TRAINING ATTENDANCE ROSTER

	Records Use Only		
	Date	S#	Initial
Quality Check	_____	_____	_____
TRAIN Entry	_____	_____	_____
	Class Code _____		

Page \_\_\_\_\_ of \_\_\_\_\_

Course Number ER HASP 01		Revision 0	Course Title Health & Safety Plan Acknowledgement Class Title: (Place the name of the Project here, i.e.: OU 7-10 RWMC Treatability Study)						Starting Date / Time			
Student Roster						Class Attendance Dates					Completion Status	
S#	Print Name (Last, First, MI)	Signature	Charge Number	Phone #	Org. #							
Instructor initial each day's class attendance.												

4-4

## **Appendix B**

### **Cold Test Pit Hazardous Waste Operations and Emergency Response (HAZWOPER) 24-Hour Supervised Field Experience Acknowledgment Form**



## **Appendix B**

### **Cold Test Pit Hazardous Waste Operations and Emergency Response (HAZWOPER) 24-Hour Supervised Field Experience Acknowledgment Form**

This checklist will be reviewed with each HAZWOPER worker performing field tasks lasting longer than 3 working days. The review will be completed by the immediate field supervisor based on the supervisor's direct observations and worker refresher training during daily plan-of-the-day meetings.

#### **Project: Cold Test Pit (check as items are completed)**

Knowledge of names of personnel and alternates responsible for project safety and health

Knowledge of safety and health hazards at the site and collocated facilities

Knowledge of personal protection equipment requirements

Knowledge of operating and maintenance procedures and safe-work practices

Knowledge of hazard control

Knowledge of medical surveillance requirements including recognition of signs and symptoms that may indicate overexposure to hazards

Knowledge of decontamination procedures

Knowledge of site and facility emergency response procedures

Knowledge of emergency signals, take cover areas, and evacuation routes

Knowledge of spill containment and waste management and minimization procedures

Knowledge of site access controls and postings

Knowledge of location of first aid kits, eye wash stations, fire extinguishers, and energized system controls.

For INEEL personnel, the signed "Training Attendance Roster" (Form 361.02) will be submitted to the INEEL environmental restoration training coordinator at Mail Stop 3902 and a copy will be retained in the field project files.

<b>Course Number</b> ER HASP 01	<b>Revision</b> 0	<b>Course Title</b> Health and Safety Plan HAZWOPER 24-Hour Supervised Field Experience Acknowledgment Form Class title: (Place the name of the project and project # here [i.e., OU 7-10 RWMC treatability study])					<b>Starting Date / Time</b>							
<b>Remarks</b> The employee's and supervisor's signatures indicate that they have completed the 24-hour field supervised experience for the (insert project name and #). <hr/> <hr/>					<b>Instructional Org / Vendor</b> 					<b>Ending Date / Time</b> 				
<b>Training Setting:</b> <input type="checkbox"/> Classroom <input type="checkbox"/> CBT <input type="checkbox"/> Practical <input type="checkbox"/> Lab <input type="checkbox"/> Self-Paced <input type="checkbox"/> OJT <input type="checkbox"/> Vendor <input type="checkbox"/> Walk-Through <input type="checkbox"/> Simulator <input type="checkbox"/> Conference <input type="checkbox"/> Live-Fire Range <input type="checkbox"/> Drill <input type="checkbox"/> Emergency Event														
Student Roster						Class Attendance Dates					Completion Status			
S#	Print Name (Last, First, MI)	Signature	Charge Number	Phone #	Org. #									
<b>Instructor's S#</b>		<b>Instructor's Name</b>		<b>Instructor's Signature</b>		<b>Instructor initial each day's class attendance</b>								

B-4



Course Number ER HASP 01	Revision 0	Course Title Health & Safety Plan HAZWOPER 24 hour Supervised Field Experience Acknowledgement Form Class Title: (Place the name of the Project and Project # here, i.e.: OU 7-10 RWMC Treatability Study)					Starting Date / Time				
Student Roster						Class Attendance Dates					Completion Status
S#	Print Name (Last, First, MI)	Signature	Charge Number	Phone #	Org. #						
Instructor initial each day's class attendance.											

